PAGE 1/8 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only Example: If typing, type NAME OF (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Comstock for Congress PO Box 831 ADDRESS (number and street) (Check if address is changed) Mc Lean 22101 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@fecfinancial.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.barbaracomstockforcongress.com (Check if address is changed) DATE 30 2014 C00554261 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Steve Ralls [Electronically Filed] 09 30 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. **FEC FORM 1**

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